Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A Page 1 OMB NO.: 0938-

|      |      | STATE       | PLAN U | INDER 7     | FITLE XIX OF THE SOCIAL SECURITY ACT  |
|------|------|-------------|--------|-------------|---|
|      |      | State:      |        | VI          | ERMONT  |
|      | GROU | JPS COVERED | AND A  | GENCI       | ES RESPONSIBLE FOR ELIGIBILITY DETERMINATION  |
| Agei | ncy* | Citation    | (s)    |             | Groups Covered  |
| The  | foll | owing grou  | ps are | cover       | red under this plan.  |
|      |      |             |        |             | y Coverage - Categorically Needy and Other<br>  Special Groups  |
|      | 42 C | FR 435.110  | 1.     | Recip       | eients of AFDC  |
|      |      |             |        | The a       | pproved State AFDC plan includes:   |
|      |      |             | -      | <u>/XX/</u> | Families with an unemployed parent for the mandatory 6-month period and an optional extension of <u>*</u> months. *There is no limit. |
|      |      |             |        | XX          | Pregnant women with no other eligible children.   |
|      |      |             |        | <u>/XX</u>  | AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training. |
|      |      |             |        |             | tandards for AFDC payments are listed in ement 1 of <u>ATTACHMENT 2.6-A</u> .   |
|      | 42 C | FR 435.115  | 2.     | Deeme       | ed Recipients of AFDC   |

\*Agency that determines eligibility for coverage.

TN No. 91-12 Supersedes TN No. 86-14

12 Approval Date

Effective Date 11/1/91

HCFA ID: 7983E

a. Individuals denied a title IV-A cash payment

solely because the amount would be less than \$10.

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ATTACHMENT 2.2-A Page 2

**VERMONT** State:\_\_\_

OMB NO.: 0938-

Agency\*

Citation(s)

Groups Covered

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
  - 2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I) of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A) of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and 1902(a)(10)(A) (i)(I) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

\*Agency that determines eligibility for coverage.

TN No. Approval Date Supersedes

Effective Date 11/1/91

HCFA ID: 7983E

TN No.

OFFICIAL

| Revision:                           | HCFA-PM-91-<br>AUGUST 1991 | -4 (BPD)  | ATTACHMENT 2.2-A<br>Page 2a   |  |  |  |  |
|-------------------------------------|----------------------------|---|---|--|--|--|--|
|                                     | State:                     | VERMONT   | OMB NO.: 0938-  |  |  |  |  |
| Agency*                             | Citation(s)                | Grou  | ps Covered  |  |  |  |  |
|                                     | Α.                         | <u>Mandatory Coverage - Cat</u><br><u>Required Special Groups</u>   | egorically Needy and Other (Continued)  |  |  |  |  |
| 407(b), 1                           |                            | 3. Qualified Family Memb  | pers  |  |  |  |  |
| (a)(10)(A<br>and 1905(<br>of the Ac | m)(1)                      | Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed. |   |  |  |  |  |
|                                     |                            | because cash as   | y members are not included ssistance payments may be made to unemployed parents for 12 months ear.                                    |  |  |  |  |
| 1902(a)(5<br>and 1925<br>the Act    |                            | earned income disrega<br>months of extended be  | From AFDC solely because employment, or loss of ards entitled up to twelve enefits in accordance with act. (This provision expires on |  |  |  |  |
|                                     |                            |   |   |  |  |  |  |
|                                     |                            |   |   |  |  |  |  |
|                                     |                            |   |   |  |  |  |  |
|                                     |                            |   |   |  |  |  |  |

\*Agency that determines eligibility for coverage. TN No.  $\frac{91-12}{\text{Supersedes}}$  Approval Date  $\frac{4/27/92}{\text{Approval Date}}$  Effective Date  $\frac{11/1/91}{\text{IN No.}}$  Supersedes HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 OMB NO.: **VERMONT** State:\_ Agency\* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 42 CFR 435.113 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are: a. Families denied AFDC solely because of income and resources deemed to be available from--Stepparents who are not legally liable for (1)support of stepchildren under a State law of general applicability; (2) Grandparents; Legal guardians; and (3) Individual alien sponsors (who are not (4)spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

\*Agency that determines eligibility for coverage.

TN No. 91-12 Approval Date 4/37/92 Effective Date 11/1/91 Supersedes
TN No. 87-17, page 2a HCFA ID: 7983E

Revision: HCFA-PM-91-4

AUGUST 1991

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ATTACHMENT 2.2-A

Page 3a OMB No.: 0938-

|                                 | State: _                  |         |                              | VERMONT   |
|---------------------------------|---------------------------|---------|------------------------------|---|
| Agency*                         | Citation(s)               |         |                              | Groups Covered  |
|                                 | A                         | . Mand  | latory<br>er Req             | Coverage - Categorically Needy and uired Special Groups (Continued)   |
| 42                              | CFR 435.114               | 6.      | AFDC<br>bene<br>1972<br>Augu | viduals who would be eligible for except for the increase in OASDI fits under Pub. L. 92-336 (July 1, ), who were entitled to OASDI in st 1972, and who were receiving cash stance in August 1972.        |
|                                 |                           |         | <u>X</u>                     | Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).  |
|                                 |                           |         | <u>X</u>                     | Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in the State's August 1972 plan). |
|                                 |                           |         |                              | Not applicable with respect to intermediate care facilities; State did or does not cover this service.  |
| 1902(a)(                        |                           | 7.      | Qual                         | ified Pregnant Women and Children   |
| (A)(i)(I<br>and 1905<br>the Act |                           |         | a.                           | A pregnant woman whose pregnancy has been medically verified who  |
|                                 |                           |         |                              | (1) Would be eligible for an AFDC<br>cash payment if the child had<br>been born and was living with<br>her;   |
| *Agency                         | that determin             | es elig | ibilit                       | y for coverage.   |
| Supersed                        | -12<br>les<br>-14, page 3 | App:    | roval<br>e:                  | 4/27/92 Effective Date: 11/1/91   |

Revision: HCFA-PM-92-1 (BPD) Attachment 2.2-A Page 4 February 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

|   | State: VERMONT |                             |   |  |  |  |  |
|---|----------------|-----------------------------|---|--|--|--|--|
|   | COV            | ERAGE AND                   | CONDITIONS OF ELIGIBILITY   |  |  |  |  |
| Agency*   | Citation(      | (s)                         | Groups Covered  |  |  |  |  |
|   | Α.             | Mandatory<br>Other Rec      | y Coverage - Categorically Needy and quired Special Groups (Continued)  |  |  |  |  |
|   |                | 7.a. (2)                    | Is a member of a family that would<br>be eligible for aid to families<br>with dependent children of<br>unemployed parents if the State had<br>an AFDC-unemployed parents program;<br>or |  |  |  |  |
|   |                | (3)                         | Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.  |  |  |  |  |
| 1902(a)(1<br>(i)(III)<br>and 1905(<br>of the Ac | n)             | who<br>elic<br>basi<br>requ | ldren born after September 30, 1983, are under age 19 and who would be gible for an AFDC cash payment on the is of the income and resource uirements of the State's approved C plan.    |  |  |  |  |
|   |                | [x]                         | Children who are under age 18 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.                |  |  |  |  |
| * Agency  | that dete      | ermines eli                 | igibility for coverage.   |  |  |  |  |
| Supersede                                       | 95-13<br>s     | Appr<br>Date                | roval Effective Date: 7/1/95  |  |  |  |  |

TN No. 94-14

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

ATTACHMENT 2.2-A Page 4a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State:  | VER      | MONT |           |  | DFFICIA  |
|---|----------|------|-----------|--|--|
|   | COVERAGE | AND  | CONE      | OITIONS OF ELIGIBILITY   | ······   |
| Citation(s)   |          |      |           | Groups Covered   |  |
|   | Α.       |      |           | ry Coverage - Categorically<br>I Special Groups (Continued   |  |
| 1902(a)(10)(A)<br>(i)(IV) and<br>1902(1)(1)(A)<br>and (B) of the<br>Act |          | 8.   | of in (1) | gnant women and infants und with family incomes up to the Federal poverty level we section 1902(a)(10)(A)(i)(I)(A) and (B) of the Act. The group is specified in Supachment 2.6-A.   | 133 percent<br>who are described<br>(V) and 1902(1)<br>he income level for |
|   | -        |      | <u>X</u>  | The State uses a percentage but not more than 185 percentage poverty level, as established plan, State legislation, cappropriations as of December 1850 percentage propriations as of December 1850 percentage pe | cent of the Federal<br>shed in its State<br>or State                       |
|   |          | 9.   | Chi       | ldren:   |  |
| 1902(a)(10)(A)<br>(i)(VI)<br>1902(1)(1)(C)<br>of the Act                |          |      | a.        | who have attained 1 year of<br>and not attained 6 years of<br>incomes at or below 133 per<br>Federal poverty levels.   | of age, with family  |
| 1902(a)(10)(A)(i)<br>(VII) and 1902(1)                                  |          |      | b.        | born after September 30, 3 attained 6 years of age by attained 19 years of age.  | ut have not  |

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

at or below 100 percent of the Federal

1902(e)(7)

Infants and children covered under items 7, 8, 9 and 12 below who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

poverty levels.

Effective Date 4/1/92 TN No. Supersedes 91-12

TN No.

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 OFFICIAL

ATTACHMENT 2.2-A Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State:  |          | VERM | ONT                              | of the booting blockitt act  |
|---|----------|------|----------------------------------|--|
| · ·   | COVERAGE | AND  | CONI                             | DITIONS OF ELIGIBILITY   |
| Citation(s)   |          |      | ···                              | Groups Covered   |
|   | A.       | Mana | dato                             | cy Coverage - Categorically Needy and Other i Special Groups (Continued)   |
| 1902(a)(10)<br>(A)(i)(V) and<br>1905(m) of the<br>Act |          | 10.  | and<br>memb<br>AFD<br>had<br>407 | ividuals other than qualified pregnant women children under item A.7. above who are pers of a family that would be receiving a under section 407 of the Act if the State not exercised the option under section (b)(2)(B)(i) of the Act to limit the number of the for which a family may receive AFDC.  |
| 1902(e)(5)<br>of the <b>A</b> ct                      | _        | 11.  | a.                               | A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls. |
| 1902(e)(6)<br>of the Act                              |          |      | b.                               | A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.   |

TN No. 92-10Supersedes
TN No. 91-12Approval Date 91-12Effective Date 4/1/92

Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992

ATTACHMENT 2.2-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

|             | State: | VERM       | CMT |            |     |              |
|-------------|--------|------------|-----|------------|-----|--------------|
|             |        | COVERAGE A | AND | CONDITIONS | OF  | ELIGIBILITY  |
| Citation(s) |        |            |     |            | Gro | oups Covered |

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4) of the Act 12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

- 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance
  - XX a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged Blind Disabled

TN No. 92-10 Effective Date 4/1/92Approval Date Supersedes

TN No. 91-12



Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 6a OMB NO.: 0938-**VERMONT** State:\_ Agency\* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 435.121 13. / / b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the 1619(b)(1) Act and who met the State's more of the Act restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.) Aged Blind Disabled The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in  $\underline{ATTACHMENT\ 2.6-A}$ ).

 $\star$ Agency that determines eligibility for coverage.

TN No. 91-12 Approval Date 4/27/92 Effective Date 11/1/91 Supersedes
TN No. 87-9 HCFA ID: 7983E